

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution..... **City Hospital #1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **12 Hours**  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME..... **DALE FORREST MOORE**

3. (b) If veteran, name war..... **None** 3. (c) Social Security No. .... **None**

4. Sex..... **Male** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Single**

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **Sep't. 27 1946**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**1 5 28** hr. min.

9. Birthplace..... **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Infant**

11. Industry or business.....

12. Name..... **Arnold L. Moore**

13. Birthplace..... **Neelyville Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Jeanette Stroup**

15. Birthplace..... **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Jeanette Moore**

(b) Address..... **2806b So. Jefferson Ave.**

17. (a) **Burial** (b) Date thereof..... **3-27-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Valhalla Cemetery**

18. (a) Signature of funeral director..... **Kriegshauser Und. Co.**

(b) Address..... **4228 So. Kingshighway Bl.**

19. (a) **MAR 26 1948** (b) **J. Budeck**  
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... **2806b So. Jefferson Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **March** day..... **25**  
year..... **1948** hour..... **7:55** minute..... **50 A.** M.

21. I hereby certify that I attended the deceased from.....  
....., 19....., to....., 19.....

that I last saw h..... alive on....., 19.....  
and that death occurred on the date and hour stated above..... Duration

Immediate cause of death..... **Pulmonary Edema following ingestion of barbiturate capsules at the home of Dr. M. H. Peters at 3717 So. Jefferson in a room 24 - 64 at about 7:00 PM**

Other conditions.....  
(Include present within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... **Accident**

(b) Date of occurrence..... **3/25/1948**

(c) Where did injury occur?..... **at home in**  
(City or town) (County) (State)

(d) Did injury occur in or about home or in industrial place, in public place?..... **Home**  
(Specify type of place)

While at work?..... **Yes** Means of injury..... **Baking**

23. Signature..... **Patricia E. Taylor Dep. C.** (M. P. or other)

Address..... **1300 Clark** Date signed..... **3-26-48**

APR 21 1948

APR 27 1948

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Edwin A. M. Verneault*

Licensed Embalmer No..... *3024*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.